

TIMPANOGOS HIGH SCHOOL
ATTENDANCE APPEAL FORM

Student Name _____ Grade _____

Student Number _____ Date _____

<u>Date(s) of Absence(s)</u>	<u>Class Periods Missed</u>	<u>Date(s) of Absence(s)</u>	<u>Class Periods Missed</u>
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH TO THIS FORM A DETAILED EXPLANATION FOR THE EXTENUATING CIRCUMSTANCE

- Appeals are reserved for extenuating circumstances. **Absences due to family vacations are not considered an extenuating circumstance.**
- Absences and check-ins due to medical appointments or illness do not need to be appealed if a note from the doctor is brought in to the attendance office.
- The student/parent understands that this appeal may be denied. Students should continue to attend ARC pending the decision. Do **NOT** assume that the appeal will be granted.
- Tardies should not be appealed.

Name of Parent/Guardian _____ Day phone _____

Parent/Guardian Signature _____ *

**By signing the parent understands that the appeal may be granted, partially granted, or denied. The student should attend ARC in case the appeal is denied.*

Return Form to Timpanogos Attendance Office when completed

FOR OFFICE USE

Date Appeal was received _____

Appeal has been: GRANTED DENIED PARTIAL GRANTED

Administrator Signature _____ Date _____

Decisions and Comments:

Parent/Guardian Contacted/Date _____

Student Contacted/Date _____